

The Effect of Insurance Coverage on Access to Aural Rehabilitation Services for Adults following Cochlear Implantation

A Review of the Significance of Aural Rehabilitation for Adults with Cochlear Implants

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Abstract

More than 324,000 individuals use cochlear implants worldwide, and this number is consistently increasing. Aural rehabilitation services are necessary for many reasons. These services help individuals utilize their device(s) to increase speech perception and word recognition, allowing them to better understand spoken language. They also encourage self-advocacy skills and active participation in conversation across all settings and contexts. Limited and low levels of insurance coverage/reimbursement impede access to cochlear implants and aural rehabilitation services for adults following cochlear implant surgery.

Introduction

A Cochlear Implant (CI) is a device that can help someone with hearing loss perceive sound. Some types of hearing loss result in damaged hair cells (located in the inner ear). When functioning normally these hair cells send sound to the auditory nerve, resulting in perception of sound. A CI bypasses those damaged hair cells and directly stimulates the auditory nerve, resulting in sound perception (ASHA, 2020). However, for individual's with CI's, auditory rehabilitation is necessary for more significant outcomes. Insurance coverage is one obstacle that prevents individual's from accessing rehabilitation following implantation.

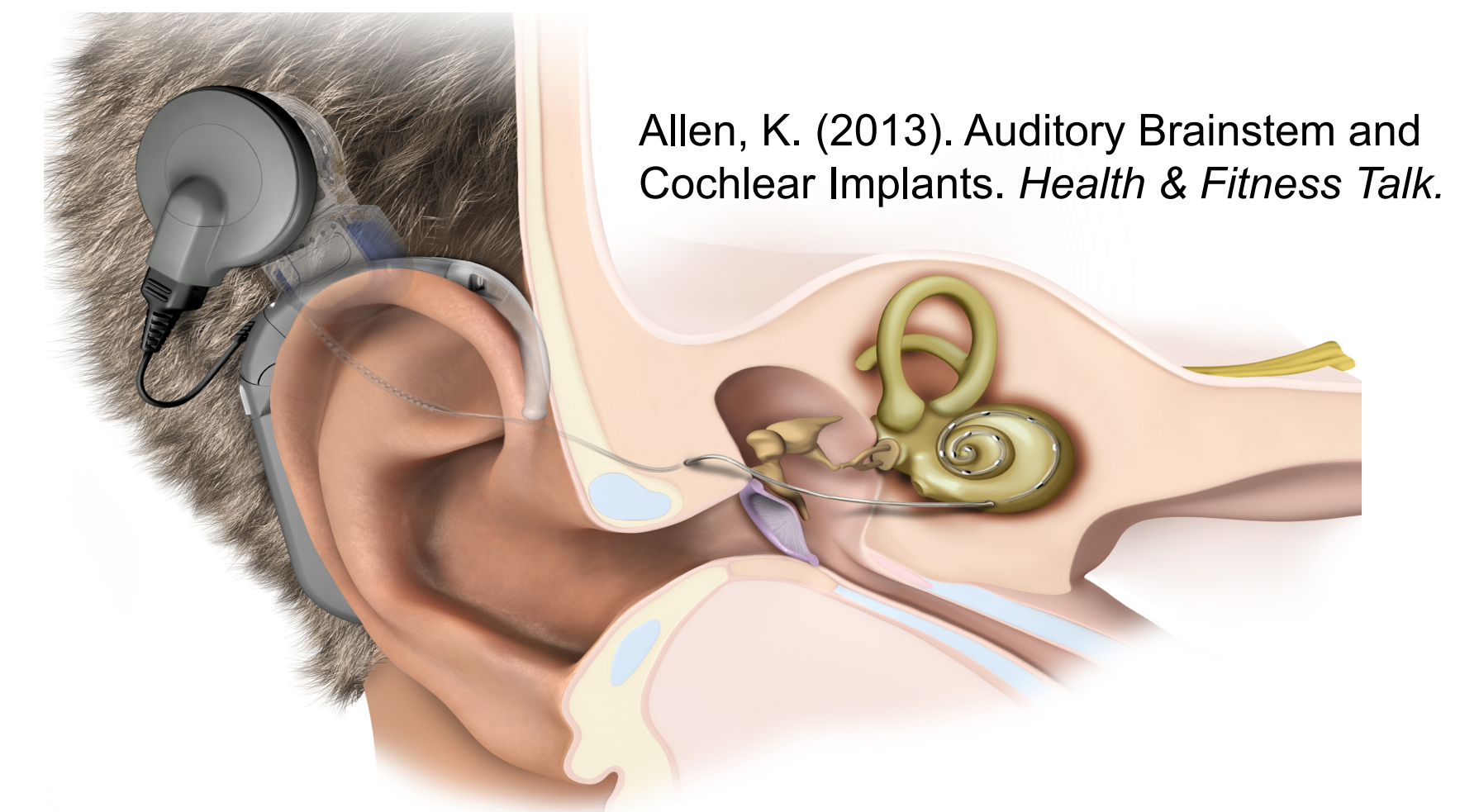
Significance of Aural Rehabilitation for Adults with Cochlear Implants

What is Aural Rehabilitation?

Aural Rehabilitation (AR) includes: increasing an individual's awareness of sound, training their devices for identification of speech sounds, training them to perceive differences between sounds, and training them to attach meanings to sounds (ASHA, 2020). AR has proven to be effective for adults with CI's, and it should be considered essential.

Why Aural Rehabilitation?

- ❖ For many CI users, technology is only one component that contributes to success. Aural rehabilitation is also necessary for success (Pomaville, F., Kladopoulos, C., 2013). Cochlear implants are not miracle devices. They do not restore hearing to its previous level. It takes time and practice, auditory rehabilitation, on part of the recipient of the CI (Glade, 2018).
- ❖ Cochlear implants offer improved health outcomes, increased ability to localize sound, and an improved ability to understand speech in noisy contexts (Romanow, 2011). Improving access to sound for adults, through the use of CI's, has proven to improve their quality of life, including social relationships and overall functional communication (Glade, 2018).
- ❖ AR program participants reported overall improved communication, less frequent communication breakdowns, improved confidence in social situations, and improved willingness to participate in activities involving family, friends, and strangers (Collison, 2004).



Allen, K. (2013). Auditory Brainstem and Cochlear Implants. *Health & Fitness Talk*.

Insurance Coverage and Access to Aural Rehabilitation

Why is insurance so important?

Without insurance the cost of medical procedures and rehabilitation services would be exponentially higher. A lack of medical insurance coverage prevents individuals from accessing the best medical care. Many individuals are forced to decide if they really "need" a certain procedure or therapy. Therefore, insurance coverage impedes access to Aural Rehabilitation.

- ❖ Adult coverage for CI's and Auditory Rehabilitation is relatively low under Medicaid. Aetna and Cigna consider cochlear implant devices themselves medically necessary, however, few auditory rehabilitation sessions are offered post-implantation (White, 2010). Adults have difficulty obtaining AR services due to budget cuts within Medicaid programs, and some states are removing coverage of cochlear implants and access to AR services all together, labeling it an "optional service" under federal guidelines (Sorkin, 2013). Sorkin stated "Medicaid is quite variable at the state level with some states not paying for processor replacements, bilateral CI's, or sufficient amounts of therapy services for adults."
- ❖ The average cost of AR services is somewhere between \$40-50 per hour, and current reimbursement rates reported by most Medicaid agencies is an average of \$20 per hour. Therefore, low levels of insurance reimbursement are likely a key factor impeding AR access for adults with CI's (Garber, S., Ridgely, S., Bradley, M., Kenley, W., Chin, M., 2002).
- ❖ Current insurance reimbursement rates may impede access to Cochlear Implants and Auditory Rehabilitation for adults with severe to profound hearing loss (Garber et al., 2002). Unfortunately not all insurance policies provide coverage for auditory rehabilitation programs, impacting their ability to fully learn to utilize their devices (Glade, 2018).

Conclusion

There are multiple research articles that discuss positive outcomes for individuals with CI's, who participate in AR programs. The combination of technologically advanced devices and aural rehabilitation (specifically speech therapy) have proven to be effective. Insurance coverage is one factor that contributes to restricting CI users' access to AR services. In the future, we need to advocate for increased insurance coverage, so that adults with CI's can get the auditory rehabilitation services necessary to achieve the best possible outcomes.

References

